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ABSTRACT

Collaboration can improve the quality of services provided to rural students with low-incidence disabilities such as autism. When there are few of these children scattered over a wide geographic area, they cannot be clustered for services. Other rural problems include inadequate funding, lack of qualified staff, need for staff training, inadequate facilities, and transportation problems. Persons with autism have impairments in communication and reciprocal social interaction and a limited repertoire of activities and interests. The potential service needs of such persons are numerous and extend throughout the life cycle. At Bowling Green State University, Project CREST trains preservice and inservice rural teachers from Appalachia to use collaboration skills. CREST participants are taught to implement a six-stage collaborative problem-solving process: goal setting, problem identification, intervention recommendations, implementation, evaluation, and follow-up and redesign. Participants practice their collaboration skills by developing plans of action for actual student cases. A case scenario of an autistic 6-year-old boy is presented along with the plan of action developed to meet one behavioral objective. (SV)

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Rural Necessity as the Mother of Invention:

Using Collaboration to Extend Services for Autism and Low-Incidence Handicaps

Introduction

Students with low-incidence handicaps are typically difficult to adequately serve in rural school districts. Rotatori and O'Connor (1987) note that in urban areas, "adequate numbers of low-incidence handicapped children typically allow students to be clustered for services or for a specialist to be hired." In rural areas, where low-incidence handicapped children may be scattered over a wide geographic area, it becomes much more difficult to "cluster" these children to provide adequate services. Helge (1984) also confirms this difficulty of providing adequate services to the rural low-incidence handicapped students. One such low-incidence type of handicap which meets with multiple problems in rural service delivery is autism. Autism is a syndrome of symptoms that usually appears in early childhood, most often before 30 months of age. It's considered low-incidence and occurs in approximately 1 in 1,000 people. Many of the symptoms vary in severity from one individual with autism to another. But, by and large most will have impairments in cognitive learning, social interactions, verbal and nonverbal communication, their limited repertoire of activities/interests and behavioral control (Dalrymple, 1985). Some of the special services that may be needed for students with autism include: Early Intervention; Special Education Classes; Integrated Education Programs; Language Development Specialist; Medical Services; Speech Therapy; Physical Therapy; Occupational Therapy; Behavioral Specialist; Adaptive Physical Education; Vocational Specialists; Leisure-Recreational Specialists; Individual Counseling; Nutrition Specialist; School Nurse; Respite; and Residential Personnel. With such numerous potential service needs for a rare type of handicap, it's apparent that the average rural school system will not be able to provide full services for individuals with autism. Consequently, it's imperative to look for alternative service delivery methods. One alternative approach is to use collaboration to gain some of these sparse services for low-incidence handicapped students such as those with autism.

The Problems of Rural Service Delivery for Low-Incidence Disabilities

The term "low-incidence" refers to those handicaps which occur in low numbers or are sparse in occurrence. The term "rural" also connotes "sparsity" in the density of population within a geographic area. When these two terms are combined in the phrase "rural service delivery for low-incidence disabilities," it's fairly clear that there will be problems in serving rural students with low-incidence disabilities. Some of the problems identified in serving any special needs student are included in the following rank-ordered listing compiled by Helge (1984a) as a result of a 1983 telephone survey of 200 rural special education administrators in all fifty states.

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Rank Ordered Problems in Serving Rural Students with Disabilities

1. Funding inadequacies
2. Difficulties recruiting qualified staff
3. Difficulties retaining qualified staff
4. Transportation inadequacies
5. Providing services to low-incidence disabilities
6. Need for staff development
7. Resistance to change
8. Providing support services
9. Negative attitudes of school personnel and communities toward students with disabilities
10. Long distances between schools and services
11. Involving parents
12. Professional isolation
13. Climatic problems/marginal roads
14. Problems of geographic terrain
15. Cultural differences
16. Difficulties in serving transient populations
17. Post-high school services
18. Inadequate facilities
19. Foster care inadequacies
20. Planning because of sporadic economies/populations
21. Interagency collaboration
22. Housing inadequacies

Within this preceding rank-ordered list of 22 identified problems encountered in rural special education delivery the top five deal with funding, staffing, transportation and providing services to low-incidence disabilities. The majority (52%) of special education administration respondents perceived their school districts faced major problems in providing services for individuals with low-incidence disabilities. Obviously, serving persons with the low-incidence disability of autism in rural areas is a major problem.

Helge (1984b) points out that providing special services for persons with low-incidence disabilities carries its own unique problems in rural areas. She notes that programs for the small number of persons affected are not only costly but also difficult to implement logistically. This phenomena also creates a situation where limited service delivery models are feasible or available for these low-incidence disabilities. Helge (1984b) also cites the following barriers in providing special services for persons with low-incidence disabilities: population sparsity; distance from where services are provided to where a student lives; weather; language; cultural differences; family lifestyle and economics; and past history of special education services delivered in a school district. Berkeley and Ludlow (1991) add to the list of problems by calling attention not only to the availability of services but also to the quality of services. They note that rural voids in parent participation, availability of technical resources, per child resource allocation and program evaluation may lead to reduced quality of services for special needs students. Thus, when providing services for low-incidence disabilities such as autism, there is a plethora of barriers and difficulties facing rural school districts and rural families.

The Problems of Rural Service Delivery for Persons with Autism

Autism is a low-incidence disability that may further add to the dilemma for appropriate service delivery by rural school districts. Autism has been defined as a developmental disability usually appearing in early childhood before 30 months of age. It's considered low-incidence, occurring in approximately 15 in every 10,000 births. It occurs four times as much among males than females. The symptoms of autism can be found in the following listing developed by the Autism Society of America (1990):

- Abnormal responses to sensations. Any one or a combination of the following sensations may be affected; sight, hearing, touch, pain, balance, smell, taste, and the way a child holds his/her body.
- Absence of or delays in speech and language
- Abnormal ways of relating to people, objects, places or events
- Unusual ways of thinking.

Gotera, Johnson and Plew (1987) have grouped the symptoms of autism into the following three categories: impairment in reciprocal social interaction; impairment in ability to communicate; and restricted repertoire of activities and interests. Autism has no known cause and no known cure. Its symptoms range from mild to severe. An estimated 80% of persons with autism also have mental retardation. An estimated 20% have epileptic seizures. Autism is considered a lifelong disability.

Based on the preceding information regarding autism symptoms, it would follow that numerous services will be needed to address the needs of persons with autism and to address the needs of their families. Since autism is considered a lifelong disability, the services needed may vary throughout the life cycle of the individual. The following figure provides an overview of potential services needed at various stages of the life cycle. (See Figure 1) Obviously, not all persons with autism will need all services. It will depend on the severity of the case of autism. Regardless of the severity, it is apparent that the potential service needs for persons with autism can be numerous. Most rural school districts would find it difficult to provide adequate services for persons with autism in all of the service areas listed in Figure #1.

Using Collaboration as a Solution for Rural Service Delivery for Low-Incidence Disabilities/Autism

The use of collaboratives are becoming more popular among rural districts faced with the task of providing educational services for low-incidence handicaps such as autism. Helge (1984b) notes that collaboratives of all types offer opportunities for cost savings, shared staff, shared programs, shared staff development, and shared resources. The use of collaboratives also can expand the spectrum and array of services offered for persons with low-incidence disabilities. Helge also notes that collaboratives can provide a common meeting ground for shared problems and shared decision making for all persons responsible for service provision to persons with low-incidence disabilities. In order to carry out this collaborative problem solving and shared decision making process for gaining better services for persons with low-incidence

Figure 1. Potential Services Needed by Persons with Autism Throughout the Life Cycle.

Services	Early Childhood (Ages 0 -5)	School Age (Age 6 - 18)	Adolescent to Young Adult (Ages 16-30)	Adult (Ages 21+)
Medical Assessment	X	X	X	X
Psychological Assessment	X	X		
Educational Assessment	X	X	X	
Early Intervention Services	X			
Educational Program	X	X	X	X
Case Management	X	X	X	X
Social Work Services	X	X	X	X
Legal Services	X	X	X	X
Personal Counseling Services		X	X	X
Family Counseling	X	X	X	X
Family Respite	X	X	X	
Occupational Therapy	X	X	X	X
Physical Therapy	X	X		
Behavior Specialist	X	X	X	X
Audiologist	X	X		
Speech/Language	X	X		
Vocational Services		X	X	X
Residential Services	X	X	X	X

disabilities such as autism, preservice and practicing teachers need to be taught how to collaborate for extended rural services. Project CREST (Collaboration for Rural Education Special Teachers) is a federal personnel training grand awarded by the Office of Special Education and Rehabilitation Services to the Special Education Department at Bowling Green State University. The purpose of Project CREST is to train preservice and inservice teachers in Appalachia to use collaboration skills. Project CREST promotes the use of the following collaborative problem solving model outlined by Friend and Cook (1992):

1. Identify the Problem/Need
2. Generate Potential Solutions
3. Evaluate Potential Solutions
4. Select the Solution
5. Implement the Solution
6. Evaluate the Outcome

Project CREST participants are also taught how to implement the following six stages of the collaboration process as outlined by West, Idol and Cannon (1989):

1. Entry/Goal Setting
2. Problem Identification
3. Intervention Recommendations
4. Implementation of Recommendations
5. Evaluation
6. Follow Up/Redesign

Throughout Project CREST training, participants are given the opportunity to practice their collaboration skills with a variety of actual student cases. For each case they take on, teachers are asked to develop a Plan of Action that includes the following information.

1. Objective of action to be taken
2. Strategies/Activities to carry out to meet the objective
3. Person(s) responsible for carrying out strategies
4. Completion time frame
5. Evaluation procedures to use.

If Project CREST participants were asked to use their collaboration skills in order to find appropriate services for a person with autism in a rural setting, they might be likely to engage in the following activities:

Case Scenario: Sean is a six year old male with diagnosed pervasive developmental delays/autism. He is verbal but language delayed. He shows signs of delays in motor development. He appears to have average intelligence. His major problem is in the behavioral area as he is a self-biter and a runner. He has been served for the past three years in a separate county program for mental retardation and developmental disabilities. Sean is presently being served in a rural public school program in a collaborative primary unit for multihandicapped. You are Sean's teacher. Where do you start?

Sean's teacher might begin the process by identifying and prioritizing the problems in service delivery for Sean. Some of the most pressing problems in Sean's case are those in the behavioral areas (self-abusive biting and running). In generating potential solutions Sean's teacher might get together with other special teachers and/or with school administrators and/or school psychologists. The brainstorming could result in the following plan of action for Sean.

Plan of Action

Student's Name: Sean Murphy

Objective: To develop a program for decreasing Sean's running behaviors.

Strategies	Person(s) Responsible	Completion Time Frame	Evaluation Method/Criterion
1. Document Sean's running behaviors	Sean's teacher Sean's teachers aide Sean's parents	Jan, 1993	Completed Behavioral Observation Data Sheets
2. Collaborate with a behavioral specialist at a University or in a school system to arrive at a potential behavioral program for decreasing Sean's running behaviors	Sean's teacher Sean's case manager Sean's principal Sean's school psychologist Sean's parents	Feb, 1993	A written plan detailing the behavioral plan agreed upon by collaborators
3. Implement the behavioral program	Sean's teacher Teacher's aide Building Principal Sean's parents	March, 1993	Forms for charting Sean's running behaviors

This is just one sample of what might be included in the collaboration plan of action. Other activities that might be included would be to identify and secure respite services for Sean's parents or to identify a parent support group for them.

The ultimate goal of collaboration in our rural schools is to expand or enhance or increase services for <u>all</u> students. Collaboration can be an effective tool to expand services for <u>all</u> students including students with low-incidence disabilities such as autism.

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